

pharmacy news

Coming events

20 May Treatments for menopausal symptoms Horsham office RSVP Debbie or Kerri

26-28 May National Medicines Symposium Melbourne Convention Centre www.nms2010.org.au

29-31 May AACP clinical seminar ConPharm Hobart Tasmania visit www.psa.org.au

Dopamine agonist withdrawal syndrome in Parkinson's disease

A new report published in the Archives of Neurology, states that dopamine agonists such as levodopa used to treat Parkinson disease can produce a withdrawal syndrome after prolonged use. Higher daily dose and longer exposure increased the risk. Symptoms included anxiety, panic attacks, agoraphobia, depression, dysphoria, diaphoresis, fatigue, pain, orthostatic hypotension, and drug cravings. These symptoms cause clinically significant distress or social or occupational dysfunction which cannot be accounted for by other clinical factors. Physicians should monitor patients closely when tapering these medications. Arch Neurol. 2010;67(1):58-63.

High calorie and sodium intake contributes to diabetic retinopathy

High calorie and sodium intake appear to be associated with the progression of diabetic retinopathy (DR) among African American patients with type 1 diabetes, according to the results of a study reported in the January issue of the Archives of Ophthalmology. Clinical risk factors for progression of DR have been previously reported as longer duration of diabetes, poor glycemic control and systemic hypertension. The goal of this study was to evaluate the association of dietary nutrient intake over 6 years. After adjustment for clinical risk factors for DR progression, total calorie intake was significantly associated with a 6 year incidence of vision-threatening DR. High sodium intake at baseline was a significant, independent risk factor for 6 year incidence of macular oedema.

HMR eligibility

A person with a valid Medicare card, living at home and who is at risk from medication misadventure is eligible for one Home Medicines Review (HMR) per year. The next HMR can be undertaken one year plus one day after the previous one. The only time when an extra HMR can be done within one year are when the patient's 'medication regimen or medical condition has significantly changed' since the last review. This must be documented on the GP Medicare claim and on the pharmacy Medicare claim for payment. Tip: record the date of the HMR patient interview on each patients' dispensing history for easy checking of their eligibility for a subsequent review.

Consumer website on 'Managing chronic pain'

The Australian Pain Management Association is a national consumer health charity based in Brisbane established in 2009 that supports people with chronic pain. They operate a website and phone service as well as provide information and advice. Their consumer phone helpline is Pain Link at 1300 340 357. See www.painmanagement.org.au for consumer advice and information. Membership costs between \$10-\$50 annually.

Cough guidelines released

New guidelines for assessment and management of cough have been released, and a position statement is found in the current edition of the Medical Journal of Australia.

Pain education for accredited pharmacists

PSA together with Janssen Cilag will deliver a pain education program using national and international speakers in May 2010, and aimed at accredited pharmacists doing medication reviews. The program is accredited by the PSA for 4.5 Group 2 points and 2 Group 1 points (total of 6.5 points) and accreditation number is CP100011. Invitations can be downloaded from <http://www.psa.org.au/site.php?id=3197#JCA>. This event is free for PSA members.

Dates

7 and 8 May	Brisbane
9 and 10 May	Sydney
14 and 15 May	Melbourne
16 May	Adelaide
22 May	Perth

Home Medicines Reviews reduce hospitalisations for warfarin patients

South Australian researchers looked at DVA data for 816 veterans ≥ 65 years who were taking warfarin and who had a GP-pharmacist collaborative Home Medication Review (HMR). Hospitalisation rates for warfarin related bleeding was reduced by 79% among patients who had the HMR compared to 16,320 controls who did not have an HMR. The reduction in hospitalisation was only evident for six months, suggesting that reviews are needed on a regular basis e.g. every 6 months, to maintain the benefit. A Home Medicines Review (MBS item 900, normally available once every 12 months) involves GP referral, a home visit by an accredited pharmacist to identify medication-related problems and a pharmacist report with follow-up undertaken by the GP. For further information, see Journal of Clinical Pharmacy and Therapeutics online at <http://www3.interscience.wiley.com/journal/123337028/abstract>. For more information or for a pharmacy visit on the benefits and how to implement HMR in your pharmacy, contact Debbie Norton, HMR facilitator p: 5381 1756 or e: d.norton@westvicdiv.asn.au

New AMH Aged Care Companion available

For pharmacists and others involved in aged care medication management, there is a revised edition (2010 3rd Ed) of the AMH Drug Choice Companion: Aged Care. Drug treatments and non-drug treatments are provided for each disease state, along with dosing specifically for the aged patient. It contains information on more than 70 conditions common in older people, including dementia, cardiovascular diseases, falls prevention, osteoporosis, palliative care, COPD, insomnia, and depression. Order online at www.amh.net.au or by p: (08) 8303 6977.

Amoxil and Augmentin suspension contamination

Reports of foreign bodies such as staples, fluff and paper in Amoxil and Augmentin suspensions made up in community pharmacies have prompted the manufacturer GSK to issue a letter warning pharmacists to keep their foil lid cutting devices clean. (reported in a doctors' magazine).

Low addiction risk from long-term opioid use in chronic pain

Long-term opioid therapy is associated with little risk for addiction when given to patients with chronic noncancer pain (CNCP) and no history of substance addiction or abuse, according to a review published online in the January issue of The Cochrane Library. Only 7 (0.27%) of 2613 patients in 26 studies reviewed who received opioids for CNCP for at least 6 months reportedly developed an addiction to the medication or took the medication inappropriately. Most of the participants had chronic back pain after failed surgery, severe osteoarthritis or neuropathic pain. A significant percentage of patients taking opioids in any form, but especially oral formulations (23%), withdrew from the study because of adverse effects or insufficient pain relief. The most commonly reported adverse events were nausea and other gastrointestinal disturbances, headache, fatigue and urinary disturbances. Cochrane Database Syst Rev. 2010;(1).

Medication adherence decreases rapidly after stroke

Persistent use of secondary prevention medications, antihypertensive and antiplatelet agents, statins and warfarin quickly declines during the first 2 years after a stroke, according to Swedish investigators. 74.2% of patients in a Swedish stroke register were still taking antihypertensive

medication 2 years after a stroke, 63.7% were still taking antiplatelet therapy, 56.1% were still taking a statin and only 45% were still taking warfarin. Persistence rates during the first 4 months after discharge were very good at 95.5% for antihypertensive drugs and 89.1% for warfarin. But over time these rates fell especially for warfarin. People living in an aged care home were more persistent with medication adherence. High persistence rates at 2 years were more likely to be seen in females, in those with a previous stroke, when having comorbid disorders (including diabetes and atrial fibrillation), having been cared for in a stroke unit and support by next of kin. Advanced age was associated with high persistence of antiplatelet drugs but low persistence of warfarin, whereas poor self-perceived general health and low mood tended to reduce the chance of being a persistent medication user. This should alert health care providers of the need to re-emphasise the need for patients to take their medications indefinitely because their risk never goes away, and to be alert to the presence of low or depressed mood, especially within the first 6 months after a stroke. Stroke published online 14 January 2009. This is particularly good information for pharmacists undertaking medication reviews and doing in-pharmacy medication counselling.

New US warnings for sibutramine (Reductil)

The FDA has reviewed additional data that indicate an increased risk of heart attack and stroke in patients with a history of cardiovascular disease using sibutramine. The product information already includes warnings against the use of sibutramine in patients with cardiovascular disease. However, based on the serious nature of the review findings, FDA requested that a new contraindication to the sibutramine drug label: sibutramine is not to be used in patients with a history of cardiovascular disease, including:

- History of coronary artery disease (e.g., heart attack, angina)
- History of stroke or transient ischemic attack (TIA)
- History of heart arrhythmias
- History of congestive heart failure
- History of peripheral arterial disease
- Uncontrolled hypertension (> 145/90 mmHg)

Managing and preventing depression in adolescents

Depressive disorder affects 1-6% of adolescents each year worldwide and early onset heralds a more severe and persistent illness in adult life. Effective treatment is available, but best treatment practice is controversial because of concerns about the use of antidepressants in young people and inconsistencies in evidence. Diagnostic criteria for depression are the same as for adults, but the primary presenting concern may be different (for example, behavioural problems, refusal to go to school). For mild depression cognitive behavioural therapy seems to be effective. Because such treatment is a scarce resource, less specialised supportive treatment and guided self help can be used initially. For moderate to severe depression, fluoxetine and routine specialist clinical care (Child and Adolescent Mental Health Service) or fluoxetine plus cognitive behavioural therapy is recommended. Suicidal risk must be carefully monitored. Parental depression needs to be treated. BMJ 2010;340:c209.

High intensity exercise good for mild cognitive impairment

A high intensity, supervised aerobic exercise program improves cognitive performance in older adults with mild cognitive impairment (MCI), especially in women, a new study suggests. 33 adults, of whom 17 were women with MCI were randomised to either a high intensity aerobic exercise program or a stretching control group. The aerobic group exercised under the supervision of a fitness trainer at 75% to 85% of heart rate reserve for 45 to 60 minutes per day, 4 days per week for 6 months. The exercise group improved performance on multiple tests of executive function in women with MCI, and also improved insulin sensitivity and reduced stress hormones in women but had much less effect in men. In a separate study it was found that moderate exercise done during mid or even later in life reduced the risk of MCI by 39% in adults with normal cognitive function at baseline, in both men and women. Arch Neurol. 2010;67:71-79,

80-86. A further study found that fitness positively affects cognition. *Psychol Sci.* 2003;14:125-130.

Stroke risk reduction with statins due to cholesterol reduction?

Authors of this meta-analysis sought to determine whether the effect of cholesterol lowering on stroke risk is restricted to statins or to lowering cholesterol, and if the effect is proportional to the extent of reduction in blood lipids. 2.4% suffered a stroke in the statin-treated group as compared with 2.8% in the control group. Cholesterol lowering treatment decreased the relative risk of non-fatal stroke by 13% and absolute risk by 0.4%. Non-fatal stroke was reduced by statins, but not by other cholesterol-lowering interventions. Each 10% reduction of total cholesterol, regardless of strategy used (medication or diet), predicted an 8% relative risk reduction of stroke. Lipid-lowering interventions did not decrease the risk of fatal stroke. This meta-analysis shows that the benefit of statins in stroke may be proportional to the percentage reduction in total cholesterol and low density lipoprotein cholesterol. Although statistically significant, authors note the decrease in total cholesterol does not completely explain the variability in stroke incidence, which is clearly influenced by other factors. *J Am Coll Cardiol* 2010;55:198-211.

Calcium channel blocker + diuretic less favourable in hypertension outcomes

An epidemiological study suggests that people with hypertension taking a diuretic plus a calcium-channel blocker (CCB) may have a higher risk of myocardial infarction (MI) than those taking diuretics with beta-blockers or with ACE-inhibitors and angiotensin receptor blockers (ARB). Risk of stroke was similar. Low dose diuretics are a mainstay of antihypertensive treatment and are recommended as a first-line therapy for many patients in treatment guidelines. Patients being treated with diuretics plus CCB had a higher risk of MI than those being treated with diuretic plus beta-blocker [odds ratio 1.98]. There was a suggestion that those treated with diuretics plus ACE-inhibitors or ARB may have had a lower risk of MI or stroke compared to the diuretic plus beta-blocker group, however the differences were not statistically significant. This was an observational study only and a randomised controlled trial is needed to identify the optimum second-line drug to be added to low-dose diuretic for hypertension. *BMJ* 2010; 340: c103.

Low risk of severe dermatological reactions with NSAIDs

A review of the medical literature has found that the risk of Stevens-Johnson Syndrome (SJS) and toxic epidermal necrolysis (TEN) associated with NSAIDs is extremely low. The greatest risk is in older patients, in women, and within the first month of treatment initiation. "-oxicam" derivatives appeared to have the greatest association with SJS and TEN. SJS or TEN caused by NSAIDs occurs at a low rate (less than 2 per 1 million users per week for -oxicam derivatives, less than 1 per 1 million users per week for other NSAIDs, and 6 cases per 1 million person-years for celecoxib). Aspirin is not typically associated with SJS or TEN. SJS or TEN has been reported with diflunisal. *American Journal of Health-System Pharmacy*, Vol. 67, Issue 3, 206-213.

Case management and patient education improves outcomes in COPD

Management of COPD is a significant burden on healthcare systems with exacerbations causing impaired health and increased disease progression. This study aimed to determine whether a disease management program could improve outcomes in COPD patients. 743 patients with severe COPD were randomised to intervention and control groups and followed for 12 months. The intervention group received an intensive education session, an action plan for self-treatment of exacerbations and monthly follow-up telephone calls from a case manager; control patients received usual care. After one year, patients in the intervention group had less emergency department (ED) visits, less hospitalisations and had better respiratory health. Patients in the intervention group used more courses of antibiotics and systemic corticosteroids, suggesting that they were recognising and self-treating events that might otherwise have required a hospital visit. The authors conclude that their relatively simple COPD disease management program reduced hospitalisations and ED visits in this high-risk patient group by 41%. *Am J Resp Crit Care Med*, published early online 14 January 2010.